QUITCLAIM DEED

Prepared by: Kenneth E. Stockton Attorney at Law 449 W. Commerce St. Hernando, MS 38632 (662) 429-3469

Grantor's Address:
849 Malme RA
Hernando, MS 38632
Home Ph. 462-429-3959
Work Ph. N/A

Grantee's Address: 793 Shadow View Dr. Hernando, MS 38632 Home Ph. N/A Work Ph. 662-429-2030

INDEXING INSTRUCTIONS:

SW 1/4 OF SECTION 28, TOWNSHIP 2 SOUTH, RANGE 8 WEST, DESOTO COUNTY, MISSISSIPPI.

INELL RAYBORN MASSEY, et al

GRANTORS

TO

ROBERT RAYBORN, JR.

GRANTEE

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, We, INELL RAYBORN MASSEY, BERNICE BULLARD, LEONA EDWARDS, CHARLES RAYBORN, ROBERT RAYBORN, Sr., ETHEL RAYBORN, THURMAN W. RAYBORN, III, CAROLYNRAYBORN, JACKIE RAYBORN, CASEY RAYBORN, BONNIE JEAN RAYBORN ACERSON and SABRINA RAYBORN MOSELY, do hereby quitclaim and release to ROBERT RAYBORN, JR., all of our right, title and interest in and to the property lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Commencing at the commonly accepted Southeast corner of the Southwest quarter of the Southwest quarter of Section 28, Township 2 South, Range 8 West, DeSoto County, Mississippi; thence North 0 degrees 21 minutes 45 seconds West, a distance of 553.00 feet to the POINT OF BEGINNING: thence South 89 degrees 38 minutes

15 seconds West, a distance of 440.71 feet; thence North 0 degrees 21 minutes 45 seconds West, a distance of 200.00 feet; thence North 89 degrees 38 minutes 15 seconds East, a distance of 440.71 feet; thence South 0 degrees 21 minutes 45 seconds East, a distance of 200.00 feet; to the POINT OF BEGINNING; said described tract containing 2.02 acres, more or less.

The property herein conveyed is subject to building restrictions, covenants and easements of record and to all applicable zoning ordinances.

That for chain of title purposes and explanation the following is set forth:

- That attached hereto as Exhibit's "A" & "B" are the Heirship Affidavit's of Janice E. Craigen and Donice Williams respectively and which Heirship Affidavit's are those executed in regard to the late Lucille C. Rayborn. That the late Lucille C. Rayborn, departed this life on or about January 10, 2009 as evidenced by her Certificate of Death a copy of which is attached hereto as Exhibit "C". That the aforesaid Lucille C. Rayborn was a daughter and an heir at law of the late Thurman Rayborn, Sr.
- That each of the undersigned Grantor's are either the heirs at law of the late Thurman Rayborn, Sr. whose estate was probated at Cause #06-10-1899 in the Office of the Chancery Court of DeSoto County, Mississippi or the late Thurman W. Rayborn, Jr. whose estate was probated at Cause #07-01-0169.
- That the Grantor's intention is to convey any and all interest that he or she may have respectively in the subject property including but not limited to that interest derived out of the intestate death of the late Lucille C. Rayborn.

That each of the undersigned warrant that the property being conveyed herein is no part or parcel of any of his or her respective homestead. That additionally the undersigned Bonnie Jean

Acerson warrants that she is one and the same person as Bonnie Jean Aserson.

Possession is given on delivery of this deed.

WITNESS OUR RESPECTIVE SIGNATURES on the dates as set forth below.

Mell Raybon Massey NELL RAYBORN MASSEY
Date: December
Bennie Bullard BERNICE BULLARD
Date: December _/ 7_, 2011
Lesna Edwards LEONA EDWARDS
Date: December
Charles Rayon
CHARLES RAYBORN Date: December // 2011
Affer St.
ROBERT RAYBORN, SR. Date: December /2- /7, 2011
Ethel Rayborn ETHEL RAYBORN
ETHEL RAYBORN 7 Date: December 7, 2011
Shuran Rayon III
THURMAN W. RAYBORN, III Date: December 17, 2011

Caroly layer

CAROLYN RAYBORN
Date: December, 2011
Jackie Rayborn
JACKIE RAYBORN
Date: December
\mathcal{T}
Casey Leff
CASEY RAYBORN
Date: December, 2011
Ba I W
PONNIE IEAN JAMES JOHN
BONNIE JEAN RAYBORN ACERSON
Date: December <u>M</u> , 2011
0 .
Sit Of
SYLVIA RAYBORN
Date: December 17, 2011
Landley Min
SABRINA RAYBORN MOSLEY
Date: December 17 2011

STATE OF MISSISSIPPI COUNTY OF **Descrip**

Personally appeared before me, the undersigned authority in and for the said county and state on this the day of September, 2011, within my jurisdiction, the within named INELL RAYBORN MASSEY who acknowledged that she executed the above and foregoing instrument.

Sandia M Hollman NOTARY PUBLIC

My Commission Expires:



STATE OF MISSISSIPPI COUNTY OF ________

Personally appeared before me, the undersigned authority in and for the said county and state on this the 171 day of December, 2011, within my jurisdiction, the within named BERNICE BULLARD who acknowledged that she executed the above and foregoing instrument.

NOTARY PUBLIC

My Commission Expires:

Saly 25,2062 (SEAL)



STATE OF MISSISSIPPI COUNTY OF DESCRIPTION

Personally appeared before me, the undersigned authority in and for the said county and state on this the 11 day of December, 2011, within my jurisdiction, the within named ELONA EDWARDS who acknowledged that she executed the above and foregoing instrument.

NOTARY PUBLIC

My Commission Expires:

SPATE OF COUNTY OF DESIGN

Personally appeared before me, the undersigned authority in and for the said county and state on this the day of December, 2011, within my jurisdiction, the within named CHARLES RAYBORN who acknowledged that he executed the above and foregoing instrument.

NOTARY PUBLIC

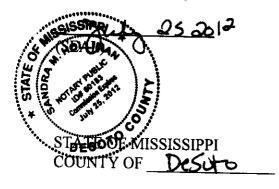
My Commission Expires:

STATE OF M	ISSISSIPPI
COUNTY OF	Desoto

Personally appeared before me, the undersigned authority in and for the said county and state on this the 17th day of December, 2011, within my jurisdiction, the within named ROBERT RAYBORN, JR. who acknowledged that he executed the above and foregoing instrument.

NOTARY PUBLIC

My Commission Expires:



Personally appeared before me, the undersigned authority in and for the said county and state on this the day of September, 2011, within my jurisdiction, the within named ETHEL RAYBORN who acknowledged that she executed the above and foregoing instrument.

NOTARY PUBLIC

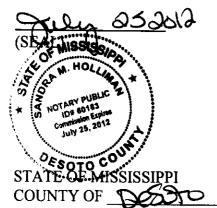
My Commission Expires:

STATE OF MISSISSIPPI COUNTY OF TECHNOLOGY

Personally appeared before me, the undersigned authority in and for the said county and state on this the \(\frac{1}{1}\) day of \(\frac{1}{2}\) day of \(\frac{1}{2}\) and \(\frac{1}{2}\) in thin my jurisdiction, the within **named THURMAN W**. **RAYBORN, III** who acknowledged that he executed the above and foregoing instrument.

Sandra M Hollman NOTARY PUBLIC

My Commission Expires:



Personally appeared before me, the undersigned authority in and for the said county and state on this the day of september, 2011, within my jurisdiction, the within named CAROYLYN RAYBORN who acknowledged that she executed the above and foregoing instrument.

NOTARY PUBLIC

My Commission Expires:

8

STATE OF MISSISSIPPI COUNTY OF SOM

Personally appeared before me, the undersigned authority in and for the said county and state on this the \(\frac{1}{2} \) day of \(\frac{1}{2} \) 2011, within my jurisdiction, the within named JACKIE RAYBORN who acknowledged that she executed the above and foregoing instrument.

NOTARY PUBLIC

My Commission Expires:

OF SOTO COUNTY OF SOTO COUNTY

STATE OF MISSISSIPPI COUNTY OF 105000

Personally appeared before me, the undersigned authority in and for the said county and state on this the \(\frac{\text{V} \text{V}}{\text{V}}\) day of \(\frac{\text{Sptender}}{\text{CASEY}}\) who acknowledged that he executed the above and foregoing instrument.

NOTARY PUBLIC

My Commission Expires:

SEAL) 25 2012

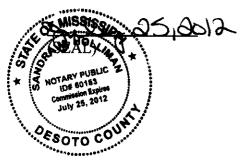
OFSOTO COUNTY

STATE OF MISSISSIPPI COUNTY OF _________

Personally appeared before me, the undersigned authority in and for the said county and state on this the \(\frac{1}{12}\) day of September, 2011, within my jurisdiction, the within named BONNIE JEAN RAYBORN ACERSON who acknowledged that she executed the above and foregoing instrument.

Sandra M. Hollinian NOTARY PUBLIC

My Commission Expires:



STATE OF MISSISSIPPI COUNTY OF THE STATE OF

Personally appeared before me, the undersigned authority in and for the said county and state on this the _____ day of September, 2011, within my jurisdiction, the within named SYLVIA RAYBORN who acknowledged that she executed the above and foregoing instrument.

NOTARY PUBLIC

My Commission Expires:

10

STATE OF MISSISSIPPI COUNTY OF <u>De Soto</u>

Personally appeared before me, the undersigned authority in and for the said county and state on this the \text{1} day of September, 2011, within my jurisdiction, the within named SABRINA RAYBORN MOSLEY who acknowledged that she executed the above and foregoing instrument.

NOTARY PUBLIC

My Commission Expires:

(SEAL HOLUMAN PUBLIC OF NOTARY PUBLIC OF

NO TITLE WORK REQUESTED AND NO TITLE CERTIFICATE ISSUED BY PREPARER OF DEED.

0900152



HEIRSHIP AFFIDAVIT

	(Heirship	of Lu	cille C.	Rayborn	Deceased)	
	Mississippi				,	
STATE OF						
COUNTY OF .						
	<u>Jani</u> her	ce E. Cra	igen			, of lawful age,
being first duly	her / sworn, upon his oat she	h deposes an	d says:	ho		
That h	she /e/was personally we	Il acquainted	with the above	decedent, during his	i lifetime, having kno	own Min for 46
years, and tha	it affiant bears the fol	lowing relation	nship to the said	d decedent, towit:	Friend	*** *** ***
A 60:				Rantiet		;
Atriani	t further states that the	ne said deced	ent departed thi	is life at Desoto	in <u>DeSo</u>	to County,
the date of his	.MS, (on or about 🗓	anuary 10	,/1 <u>6_2009</u>	, being <u>70</u>	years old at
the date of his	death.	ę .				
Amant	she I further states that be	was well acq	uainted with the	family and near rela	atives of the said de	cedent, and with all
tnose wno wo	ould under the laws o	t the State of .	MISSISSI	ppi , be his life	irs, and that the foll	owing statements
and the answe	ers to the following na	med questions	s are based upo	n the personal know	ledge of affiant and	are true and correct:
	- Did the decedent le					····
QUESTION 2	- If so, has the will be	een admitted t	o probate - at w	vhat place, and whe	n? ANSWER:N,	/a
OUEOTION						
QUESTION 3	- Has an administrat	or been appoi	nted for the esta	ate of said deceased	d? ANSWER: <u>No</u>	<u> </u>
QUESTION 4	- If so, give the Cour	ity in which the				
	of the administrato	r. ANSWER:	N/A			
OUEDTION	D. L.					
QUESTION 5	- Did the decedent re					
OUECTION	if yes, attach copy	of Division of	Medicaid Waiv	er of Recovery purs	uant to Section 43-1	13-317.
QUESTION 6	- Give the name and	address of th	e surviving wid	ow or widower of de	cedent. ANSWER:	None
	If not living, state a	loto of de-th	· <u>- · · · · · · · · · · · · · · · · · ·</u>			
OHESTION 7	If not living, state o					•
WOLDTION 7	- If the decedent was	mamed more	tnan once, give	the name of the form	mer husband or wife	, and state whether
	said former spouse ANSWER:Nor					
OHESTION 6						
WOESTION 6	- On the blank lines i					
	rogerier with the o	uner information	on called for: Al	NSWER: (Give nam		
NAME OF	CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRE: IF NOT I DATE O	
1	N/A			· · · · · · · · · · · · · · · · · · ·		
2						
3		-		·		
QUESTION 9	- Give below the nar	nes of any de	ceased children	of the decedent, to	gether with the othe	r information called
	for: ANSWER	•				
NAME OF		DATE OF BIRTH		SURVIVING HUSBAND OR V	VIFE	IF NOT LIVING
1	N/A					DATE OF DEATH
4				·		

QUESTION 10 -	Give the names of the chi	ldren of any dece	eased son or daughte	on of the order and and	UK W BK 672 PG 15
	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR	_	
2		-			
3					
Δ					
OHESTION 11	Did the decedent			<u> </u>	
QUESTION II	- Did the decedent have	any adopted o	hildren, or step-chi	ldren taken into l	his home?
	ANSVVER: Yes	No			GES, AND ADDRESSES IN THE
	NAME		BLANK LINES	BELOW:	
1N/A	NAVIE	AGE		AODRESS	
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4					:
5				· · · · · · · · · · · · · · · · · · ·	
	District				
QUESTION 12	and whether they have	since been pai	d.		ssible, the amount of such debts,
OUESTION 13		obildran Aban a			· · · · · · · · · · · · · · · · · · ·
Q02011014 10	collector) of his sumi	dilluren, men g	ive below the name	es and addresses	s (together with other information
	called for), of his surviv	ing father, mot	her, brothers and s		
4 See at	NAME tached Exhibit	RELATIONS	*		RESS OR IF NOT LIVING DATE OF DEATH
					
2			·		
3					<u> </u>
4		<u></u>			
5					
QUESTION 14 -	If the deceased left no chi	ldren nor childrer	of a deceased child	, then give below t	the names of any deceased brothers
and sisters of the	e decedent, together with t	he other informat		ANSWER:	and the state of t
NAME OF	BROTHER/SISTER DA	TE OF BIRTH DATE O	OF DEATH	SURVIVING CHILDREN	IF NOT LIVING
1. See at	<u>tached Exhibi</u> t_	<u>"A"</u>		OTHER DIRECT	DATE OF DEATH
3					
4					
			(),	0010	
			Signat	re of Affiant J	uarola ania
	.4040	*********	1.	, o o., randin	anice C. Craigen
Subsci	o کے اور دات ribed and sworn	F MISS	day of	August	
	STOR	W. O.C.	day of _		
My commission	n eynires:	ARY PUBLIC *	1	STANDIA.	MANILMAN
Q 11 25	Com	niceion Expline y 25, 2012	(- AVIVANO	- DOCUMINE'N
70275				Notary Public	
Ų,	07	O COUNTY			
	*****	······································	BORATION AFFIDA	AVIT	
	Mississippi	(To be	signed by some per	son other than the	one making the foregoing affidavit.)
COUNTY OF _	DeSoto				
		Donice Wi			, of lawful
age, being first	duly sworn, upon her	ith states: That	the information giv	en in the above	and foregoing affidavit, made by
Janio	ce C. Craigen				ersonal knowledge of this affiant.
				//2 -	///
			ı	Figure of Ch	frehorating Afficial
	green's	SALE		pignature or Con	fivorating Affiant
Quibec	ribed and sworn to before	AND 12		August	2011
Gubsti	i (Can Con Allen E	day of _		.19_2011.
Mu ====!==!	[2]	July 26, 2012	*] /	Wands a	nithal.
My commission	n expires: 25,36(2		/	- www.a	Mallinan
- July	05/2016 V	COUNTY	•	Notary Public	

EXHIBIT "A"

QUESTION 13. If the decedent left no children, then give the names and addresses (together with other information called for), of her surviving father, mother, brothers and sisters: Answers:

NOTE: (PARENTS DECEASED) See Estates probated in DeSoto County Chancery Court at Cause No. 06-10-1899 & 06-10-1935.

Name:	Relationship	<u>Age</u>	Address or if not Living Date of Death
 Leona Edwards Charles Rayborn Bernice Bullard Robert Rayborn, Sr. Inell Massey John Rayborn Thurman Rayborn, Jr. 	Sister Brother Sister Brother Sister Brother Brother	69 67 64 61 59	4565 Tammy Lane, Memphis, TN 38116 1170 Horn Lake Rd., Nesbit, MS 38651 3900 Dean Rd., Nesbit, MS 38651 3760 Dean Rd., Nesbit, MS 38651 849 Malone Rd., Hernando, MS 38632 Deceased 11/4/1967* Deceased 10/28/2003*

QUESTION 14. If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with any information called for:

Name of Brothers:	Date of Birth	Date of Death	Surviving Children	If not living death:	g, date of
*John Rayborn				<u> </u>	
(Unmarried)	5/12/1945	11/4/1967	None		N/A
*Thurman Rayborn J		10/28/2003	Thurman W.Rayborn	Ш	N/A
(See Cause No. 07-01	1-0169)		Carolyn Rayborn		N/A
			Casey Rayborn		N/A
			Bonnie Jean Rayborn	Acerson	N/A
			Sylvia Rayborn		N/A
			Jackie Rayborn Holla	nd	N/A
			Sabrina Mosley Rayb	orn	N/A

Signed for Identification:

Janice F. Craigen

....Deceased)



HEIRSHIP AFFIDAVIT

(Heirship of Lucille C. Rayborn

STATE OFMS					
COUNTY OF DeSoto					
	e William	ıs			of loveful one
being first duly sworn, upon her oath That he was personally wel years, and that affiant bears the foll	l acquainted v	vith the above de			
Affiant further states that the State of Mississippi, or the date of his death. Affiant further states that he those who would under the laws of and the answers to the following nar	he was well acqu the State of _ med questions	vainted with the fa Mississipp are based upon	amily and near relative her heirs	res of the said dec , and that the follo	edent, and with all wing statements
QUESTION 1 - Did the decedent lea QUESTION 2 - If so, has the will be					
QUESTION 3 - Has an administrate QUESTION 4 - If so, give the Coun of the administrator QUESTION 5 - Did the decedent re	ty in which the	e said administra N/A efit of any Medic	tion proceedings are	pending, and the r	name and address
QUESTION 6 - Give the name and If not living, state d	address of the	e surviving widov		dent. ANSWER:	None
QUESTION 7 - If the decedent was said former spouse ANSWER: N/A QUESTION 8 - On the blank lines together with the o	e is dead or di	vorced. e names and pla		Il surviving children	n of deceased, en only)
NAME OF CHILD 1. None 2	nes of any de		NAME OF HUSBAND OR WIFE		VING DEATH
for: ANSWER: NAME OF CHILD None 1 3 4	DATE OF BIRTH		SURVIVING HUSBAND OR WIF		IF NOT LIVING DATE OF DEATH

1. None	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE O	F DEATH	ANSWER:
2					
3					
4		 			
QUESTION 1	11 - Did the decedent ha	ave any adopted	obildron		
	ANSWER: Ves	we arry adopted t	unitaren, or step-chi	ildren taken into hi	s home?
	7.11077ETC. 103	NO	IF SU, WRITE II	HEIR NAMES, AG	ES, AND ADDRESSES IN THE
	NAME	AGE	BLANK LINES		
1. <u>Non</u>	ie			ADDRESS	
2					
3					
4					
5					
QUESTION 1	2 - Did the decedent le and whether they ha ANSWER: <u>No</u>	ave any unpaid d ve since been pa	ebts; and if so, give id.	e as nearly as poss	sible, the amount of such debts
QUESTION 1	3 - If the decedent left n	o children, then o	ilyo holow the new		
	called for), of his sur	viving father met	her brothers and	and addresses	(together with other information
			iner, brothers and s		
See at	tached Exhibit	"A" RELATIONS		D/	SS OR IF NOT LIVING ATE OF DEATH
2					
3				 	
4.					
7					
5				-	
and sisters of the	ne decedent, together with	the other information	tion called for:	, then give below the ANSWER:	e names of any deceased brothers
	tached Exhibit	DATE OF BIRTH DATE O	DF DEATH	SURVIVING CHILDREN	DATE OF DEATH
2	·				
3		····			
4			A		
				11/1	. /
			Skinatu	re of Affiant Dor	nice Williams
		Mico	aM.	o comunication (DO)	iice williams
Subse	cribed and swort to be	Tie media	day of	August	
	A ADEL	10/E/3		0 1	
My commission	on expires: NOTAR	PUBLIC 2	(Sandra	Mollinia
gul	Commission Commission	on Expires 5, 2012		Notary Public	COMMON
0	· Pr	- 12th		Notary Public	
	010	COUNT	ODATION APPIR		
		CORROR	BORATION AFFIDA	AVII	
STATE OF A	Mississippi				
COUNTY OF		(To be	signed by some per	son other than the o	ne making the foregoing affidavit.)
COUNTY OF		·	Tanica E G		
	,he	<u> </u>	Jantee E. C	raigen	, of lawful
age, being firs	st duly sworn, upon his i	path states: That	the information giv	en in the above ar	nd foregoing affidavit, made by
DON	ice Williams	·			onal knowledge of this affiaht.
				- Man	XA L. CADIT
				Signature of Corro	oborating Affiant
				-	-
Subsc	cribed and sworn to p	of Msage 2	suhday of _	August	
	/6 ¹ /6	A M. HOLL	• <	\bigcirc 1	1611
My commission	on expires:	TARY PUBLIC &		Sandra	M Hollingi
Jal	4 252012 ·	IDS 60183 minimize Expires uly 26, 2012		Notary Public	
\mathcal{O}	\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-7 -4, 4012			

NOTE: If any of heirs of deceders have died since his death, secure separate proof of heirship as to each.

EXHIBIT "A"

QUESTION 13. If the decedent left no children, then give the names and addresses (together with other information called for), of her surviving father, mother, brothers and sisters: Answers:

NOTE: (PARENTS DECEASED) See Estates probated in DeSoto County Chancery Court at Cause No. 06-10-1899 & 06-10-1935.

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*John Rayborn				artin .	
(Unmarried)	5/12/1945	11/4/1967	None		N/A
*Thurman Rayborn J	r. 12/26/1939	10/28/2003	Thurman W.Rayborn	Ш	N/A
(See Cause No. 07-01	l-0169)		Carolyn Rayborn		N/A
			Casey Rayborn		N/A
			Bonnie Jean Rayborn	Acerson	N/A
			Sylvia Rayborn		N/A
			Jackie Rayborn Holla	nd	N/A
			Sabrina Mosley Rayb	orn	N/A

Signed for Identification:

Honice Williams

my

FILING				CER7	TFICATE	ar n	TATU			STATE PILE	143	Z V U Y - U	U 1 Z 4 8
DATEA	N 29	2009			STATE OF MISS			•		NUMBER	,143°		
1. NAME	Pirot		Middle		Last		2. SEX	Ja. HOUR O	P DBATH	J4. DATE OF	DEATH (M	onth. Day. Year)	
	JUCIL				RAYBOR		_[2:20	Þ	A TAN	772 D.V	10.2009	
	Specify White. Ladian.eu.)	. Disck,	Se. ACRE AT		ONLY & UNDER	LYBAR	SAL HOURS	NDER I BAY		TE OF BIRTH (Me	Ouy. Ye	E) 7. STATE OF BIRTH	
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(Specify	enty highest ampleted)	AURAN .	(0-12)	ahaa) <u>Calle</u> (1-4, 3+)	WIE .	OWED, D	EVEL MAURE STORCED	•	12. SURVI	IVING SPOUSE (II	wile, give	13. WAS DECRASED EVE U.S. ARMED FORCES (Yes of No.)	7
14. WAS D	ECEDIANT OF	HISPANIC	ORIGINA		15.SOCIAL SECU	A ET	MEET T	16 USIAL	WY HEATTO	N (Kind of work 4o		N	
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III. FATHEI	L-NAME	First		Middle				IP. MOTMEX -		Yes.	Mil		Maides
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Exhibit C